

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
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18		1				
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31		1				
32	1					
33	1					
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		40				
42		40				
43	1					
44		1				
45		1				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		3				
52		3				
53		3				
54		3				
55		3				
56		3				
57		3				
58	1					
59	1					
60		1				
61	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

34
 36
 40
 40
 150
 14
 164